Feb 16 11 05:32p		JACKSON TRANSFER & STO	RAG	228137	8036483173	p.8	1
STATE OF SOUTH CAROLINA				228138			
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo) BEFORE THE) PUBLIC SERVICE COMMISSION) OF SOUTH CAROLINA)			
		er and Storage, LLC)	TRANS	SPORTATION COVI	 ER SHEET	
PO Box 181 Aiken, SC 29802) DOCKET 2010 295-1) NUMBER: 2008 - 241 - T			
) If this is your first time filing an application with the PSC, you will n) have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assign and should be entered above. 			u. If you
	ise type or print) omitted by:	Beth Jackson		Telephone: 803-648-4217			
	dress:	PO Box 181		Fax:	803-648-3173		
		Aiken, SC 29802		Other:		<u> </u>	
		heet and information contained herein n		Email:	jacksontransfer		
	quired by law. lled out complet			Commission of So		e of docketing	g and must
	Application -	- Class C Taxi			Request to Amend Scop	pe of Author	ity
	Application -	- Class C Charter			Request to Amend Tari	ff (rate incre	ase, etc.)
	Application -	- Class C Charter Bus			Request to Amend Pass	enger Limit	
	Application -	- Class C Non-Emergency			Request		
	Application -	- Class E Household Goods			Exhibit		
	Application -	- Class E Hazardous Waste			Late-Filed Exhibit		
	Application			_ 🗆	Letter		
	Request for I	Extension to Comply with Order			Proposed Order		
		Order Granting Authority to Obtain Cenience and Necessity to Be Rescind		f 🗆	Publisher's Affidavit		
	Request for C	Cancellation of Certificate			Reservation Letter		
	Request for S	Suspension			Response		
\boxtimes	Request for F	Reinstatement			Return to Petition		
	Request for N	Name Change on Certificate		\boxtimes	Other: Request for Expe	edited Revie	<u>w</u>
	If you l	have any questions about this form, plea	se contact the	e PUBLIC SERV	ICE COMMISSION at 803	-896-5100.	

CLASS E REINSTATEMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201
Columbia, S.C. 29211	(803) 737-0578
(803) 896 - 5100 FAX (803) 896-5199	FAX (803) 737-0815
7,11 (000) 000 0200	
DATE: <u>2/15/11</u>	
Please consider this an application for Reinstateme	ent of my:
x Class E Household Goods Certificate (See a	attached form and provide documentation)
Class E Hazardous Waste Certificate	
My Certificate of Public Convenience and Necessity revoked/cancelled on 11/17/10 because	/ No. is <u>241-B</u> . My certificate was
I am seeking reinstate	ment because <u>Jackson Transfer &</u>
Storage, LLC wants to continue operat	ion
	3A
(Name of Company)	(if applicable)
291 Orangeburg St., NE	P.O. Box 181
(Street Address)	(Mailing Address, City, State, Zip Code)
Aiken, SC 29801	Milia E Sachsan
(City, State, Zip Code)	(Signature)
(803) 648-4217	Co-Owner
(Telephone Number)	(Title) Owner, President, etc.
	ORS Rev 3-2-10



Jackson Transfer & Storage

291 Orangeburg St., NE Aiken, SC 29801

Ph: 803-648-4217 Fax: 803-648-3173

То:	Public Service Commission of SC Date: 2/16/11		į			
Fax Number: 803-896-5199						
From:	Beth Jackson jacksontransfer@bellsouth.net					
RE:	Annual Report/Request for Reinstatement					
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	northAmerican,					
	You should receivepages, including cover shee	†	I			

Transportation CARRIER ANNUAL REPORT

HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS
OF

Jackson Transfer & Storage, LLC

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2009

]	Calendar Year	Ending	December	31,	2009
	Or				

[] Fiscal Year Ending

